



Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

| <b>REQUEST FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a)</b><br><b>FY 2009</b><br><small>(Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).)</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |            | Docket Number (Optional)<br><b>123851-181898 (GNE-2830P1C4)</b> |  |            |                         |                                                                   |       |                            |                                                         |       |                             |                                                           |        |                              |                                                          |        |                              |                                                          |        |                               |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------------------------------------------------------------|--|------------|-------------------------|-------------------------------------------------------------------|-------|----------------------------|---------------------------------------------------------|-------|-----------------------------|-----------------------------------------------------------|--------|------------------------------|----------------------------------------------------------|--------|------------------------------|----------------------------------------------------------|--------|-------------------------------|
| Application Number <b>10/006,818</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Filed <b>December 6, 2001</b>                                   |  |            |                         |                                                                   |       |                            |                                                         |       |                             |                                                           |        |                              |                                                          |        |                              |                                                          |        |                               |
| For <b>PRO1293 ANTIBODIES</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |            |                                                                 |  |            |                         |                                                                   |       |                            |                                                         |       |                             |                                                           |        |                              |                                                          |        |                              |                                                          |        |                               |
| Art Unit <b>1647</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |            | Examiner <b>HAMUD, Fozia M.</b>                                 |  |            |                         |                                                                   |       |                            |                                                         |       |                             |                                                           |        |                              |                                                          |        |                              |                                                          |        |                               |
| <p>This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.</p> <p>The requested extension and fee are as follows (check time period desired and enter the appropriate fee below):</p> <table border="0" style="width: 100%;"><thead><tr><th></th><th style="text-align: center;"><u>Fee</u></th><th style="text-align: center;"><u>Small Entity Fee</u></th></tr></thead><tbody><tr><td><input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))</td><td style="text-align: center;">\$130</td><td style="text-align: center;">\$65      \$ <u>130.00</u></td></tr><tr><td><input type="checkbox"/> Two months (37 CFR 1.17(a)(2))</td><td style="text-align: center;">\$490</td><td style="text-align: center;">\$245      \$ <u>490.00</u></td></tr><tr><td><input type="checkbox"/> Three months (37 CFR 1.17(a)(3))</td><td style="text-align: center;">\$1110</td><td style="text-align: center;">\$555      \$ <u>1110.00</u></td></tr><tr><td><input type="checkbox"/> Four months (37 CFR 1.17(a)(4))</td><td style="text-align: center;">\$1730</td><td style="text-align: center;">\$865      \$ <u>1730.00</u></td></tr><tr><td><input type="checkbox"/> Five months (37 CFR 1.17(a)(5))</td><td style="text-align: center;">\$2350</td><td style="text-align: center;">\$1175      \$ <u>2350.00</u></td></tr></tbody></table> <p><input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> A check in the amount of the fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p> <p><input type="checkbox"/> The Director has already been authorized to charge fees in this application to a Deposit Account.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number <u>50-4634</u></p> <p><b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b></p> <p>I am the <input type="checkbox"/> applicant/inventor.</p> <p><input type="checkbox"/> assignee of record of the entire interest. See 37 CFR 3.71.<br/>Statement under 37 CFR 3.73(b) is enclosed (Form PTO/SB/96).</p> <p><input checked="" type="checkbox"/> attorney or agent of record. Registration Number <u>61,425</u></p> <p><input type="checkbox"/> attorney or agent under 37 CFR 1.34.<br/>Registration number if acting under 37 CFR 1.34 _____</p> <div style="display: flex; justify-content: space-between; margin-top: 20px;"><div style="width: 60%;"><hr style="border: 0; border-top: 1px solid black;"/><div style="text-align: center;">Signature</div></div><div style="width: 35%; text-align: center;"><b>NOVEMBER 18, 2008</b><br/><hr style="border: 0; border-top: 1px solid black;"/><div style="text-align: center;">Date</div></div></div> <div style="display: flex; justify-content: space-between; margin-top: 10px;"><div style="width: 60%;"><b>Christopher De Vry, Ph.D., Goodwin Procter LLP</b><br/><hr style="border: 0; border-top: 1px solid black;"/><div style="text-align: center;">Typed or printed name</div></div><div style="width: 35%; text-align: center;"><b>650-752-3100</b><br/><hr style="border: 0; border-top: 1px solid black;"/><div style="text-align: center;">Telephone Number</div></div></div> <p><b>NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.</b></p> <p><input checked="" type="checkbox"/> Total of <u>1</u> forms are submitted.</p> |            |                                                                 |  | <u>Fee</u> | <u>Small Entity Fee</u> | <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$130 | \$65      \$ <u>130.00</u> | <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$490 | \$245      \$ <u>490.00</u> | <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$1110 | \$555      \$ <u>1110.00</u> | <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$1730 | \$865      \$ <u>1730.00</u> | <input type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2350 | \$1175      \$ <u>2350.00</u> |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <u>Fee</u> | <u>Small Entity Fee</u>                                         |  |            |                         |                                                                   |       |                            |                                                         |       |                             |                                                           |        |                              |                                                          |        |                              |                                                          |        |                               |
| <input checked="" type="checkbox"/> One month (37 CFR 1.17(a)(1))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | \$130      | \$65      \$ <u>130.00</u>                                      |  |            |                         |                                                                   |       |                            |                                                         |       |                             |                                                           |        |                              |                                                          |        |                              |                                                          |        |                               |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | \$490      | \$245      \$ <u>490.00</u>                                     |  |            |                         |                                                                   |       |                            |                                                         |       |                             |                                                           |        |                              |                                                          |        |                              |                                                          |        |                               |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | \$1110     | \$555      \$ <u>1110.00</u>                                    |  |            |                         |                                                                   |       |                            |                                                         |       |                             |                                                           |        |                              |                                                          |        |                              |                                                          |        |                               |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$1730     | \$865      \$ <u>1730.00</u>                                    |  |            |                         |                                                                   |       |                            |                                                         |       |                             |                                                           |        |                              |                                                          |        |                              |                                                          |        |                               |
| <input type="checkbox"/> Five months (37 CFR 1.17(a)(5))                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$2350     | \$1175      \$ <u>2350.00</u>                                   |  |            |                         |                                                                   |       |                            |                                                         |       |                             |                                                           |        |                              |                                                          |        |                              |                                                          |        |                               |

This collection of information is required by 37 CFR 1.136(a). The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 6 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.